

THE CLEVELAND MUSEUM OF ART  
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE  
 MAY 8 to JUNE 16, 1963

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any \_\_\_\_\_ Artist FRANCES ROBINSON  
FIRST NAME LAST NAME

Address 1704 SAXE RD MOGADORE PORTAGE Tel. 628 1884  
NO. STREET CITY ZONE COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☒ NO

Please enclose Registration Fee of \$2:00 (Check or Money Order) with Entry Blank..

[illegible]

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.**

Use second blank if required

## IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Frances W. Robinson

REC'D MAR 11 1963